****

**THE UNIVERSITY OF IOANNINA**

**INTERNATIONAL CENTER OF HELLENIC EDUCATION - CULTURE & VOCATIONAL CENTER “STAVROS NIARCHOS”**

|  |  |  |
| --- | --- | --- |
| **Surname:** | **First name:** | |
| **Gender:** | **Age:** | |
| **Nationality:** | **Country of origin:** | |
| **E-mail address:** | **Mobile tel.:** | |
| **Department in the University of Ioannina:** | **Name of Responsible professor in the University of Ioannina or Name of Contact Person:** | |
| **Room Preference** | **Single \*  Double \*\*** | |
| ***\* Cost: 120€/month*** | ***\*\* Cost: 100€/person/month*** |
| **Dates of arrival\*/departure\*:**  ***\* All the rooms will be available from the 1st of October until the 10th of February (Winter semester), or from the 15th of February until the 30th of June (Spring semester). If you arrive earlier, you must take care of your accommodation.*** | **From:** | **Until:** |
| **Do you consider yourself to have a medical condition?**  **(*If YES please provide details and a Medical Certificate and attach it to this form)*** | **Yes  No** | |
| **Permanent address:** | **Name/ Surname/ Tel. No of a relative, or friend in case of emergency:** | |
| **Date of application: →** | | |

*Please complete this form in BLOCK CAPITAL LATIN CHARACTERS*

Please e-mail this form, duly completed to dikeppee.accom@uoi.gr

The information you supply on this form will only be used in relation to your application and will be treated in the strictest confidence.